

11/10/93

POSITION	ID NO.	DATE
CLASSIFIER	11	4/13/93
EXAMINER	0083	4/19/93
TYPIST	335	4/19/93
VERIFIER	211	5-6-93
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

APPLICANTS

ADDRESS

TITLE

FD
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Claim	Date
Final	
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SYMBOLS

- ✓ Rejected
- = Allowed
- (Through number) Canceled
- + Restricted
- N Non-elected
- I Interference
- K Appeal
- O Objected

Claim	Date
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